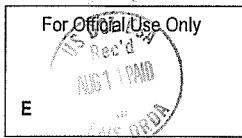


# FORM LM-30

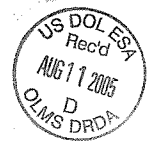
## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



|  |  |
|--|--|
| 1. File Number U - <u>5811</u>   | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>   |
| 3. Name and address of person filing.<br>Name <u>Walter</u> <u>E</u> <u>Stuart</u><br>P.O. Box, Bldg., Room No., if any <u>Suite 200</u><br>Street <u>501 W. Northern lights Blvd.</u><br>City <u>Anchorage</u><br>State <u>AK</u> ZIP Code + 4 <u>99503</u> | 4. Name, file number, and address of labor organization.<br>Name <u>united Food and Commercial Workers</u><br><u>local 1496</u><br>Labor Organization File Number <u>002580</u><br>P.O. Box, Building and Room Number, if any <u>Suite 200</u><br>Street <u>501 W. Northern lights Blvd.</u><br>City <u>Anchorage</u><br>State <u>AK</u> ZIP Code + 4 <u>99507</u> |
| 5. Position in labor organization. <u>President</u>  |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name _____<br>Trade Name, if any: _____<br>P.O. Box, Bldg., Room No., if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____                    | 7.a. Nature of Interest, Transaction, or Income.<br>_____<br><br>7.b. Amount.<br>_____ |

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Walter E Stuart On 8/3/05 907-258-1496  
Date Telephone Number

|                       |                 |                |
|-----------------------|-----------------|----------------|
| Name of Person Filing | Walter E Stuart | File Number U- |
|-----------------------|-----------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |   |
|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>   | <p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|---|---|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/> Chris Worley</p> <p>Trade Name, if any: <input type="text"/> Kennedy Assoc.</p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/> Ste 2400</p> <p>Street <input type="text"/> 1215 Fourth Ave</p> <p>City <input type="text"/> Seattle</p> <p>State <input type="text"/> wa ZIP Code + 4 <input type="text"/> 98161-1099</p> | <p>14.a. Nature of payment.</p> <div><input type="text"/> march 15 Dinner</div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>   | <p>14.b. Amount of payment. <input type="text"/> 35.00</p>                      |

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|-----------------------|-----------------|----------------|
| Name of Person Filing | Walter E Stuart | File Number U- |
|-----------------------|-----------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  Paul Gurewitz

Trade Name, if any:  Victory Capital

P.O. Box, Bldg., Room No., if any  Suite 200

Street  3780 Kilroy Airport Way

City  Long Beach

State  CA ZIP Code + 4  90806

14.a. Nature of payment.

 Aug. 16 Fishing trip

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

 150.00

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|-----------------------|-----------------|----------------|
| Name of Person Filing | Walter E Stuart | File Number U- |
|-----------------------|-----------------|----------------|

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|   |   |
|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>   | <p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/> Tom Lenz Group</p> <p>Trade Name, if any: <input type="text"/> Smith Barney</p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/> Suite 4500</p> <p>Street <input type="text"/> 999 Third Ave.</p> <p>City <input type="text"/> Seattle</p> <p>State <input type="text"/> WA ZIP Code + 4 <input type="text"/> 98104-4001</p> | <p>14.a. Nature of payment.</p> <div><p>Dec. 7 Dinner</p><input type="text"/></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>  | <p>14.b. Amount of payment. <input type="text"/> 55.00</p>                          |

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|-----------------------|-----------------|----------------|
| Name of Person Filing | Walter E Stuart | File Number U- |
|-----------------------|-----------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |  |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>   | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|---|--|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text" value="Alaska hfcw Trust"/></p> <p>Trade Name, if any: <input type="text" value="Welfare &amp; Pension Services"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Box 34203"/></p> <p>Street <input type="text"/></p> <p>City <input type="text" value="Seattle"/></p> <p>State <input type="text" value="WA"/> ZIP Code + 4 <input type="text" value="98124-1203"/></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px;"><p>mar 15-16 mtg. - Seattle</p><p>Reimburse Travel expenses</p></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>   | <p>14.b. Amount of payment. <input type="text" value="869.43"/></p>  |

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| Name of Person Filing <u>Walter E Stuart</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |  |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>   | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input type="text"/></p> |

|   |  |
|---|--|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |  |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Alaska hfcw Trust</u></p> <p>Trade Name, if any: <u>Welfare &amp; Pension Services</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Box 34203</u></p> <p>Street <input type="text"/></p> <p>City <u>Seattle</u></p> <p>State <u>WA</u> ZIP Code + 4 <u>98124-1203</u></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 150px;"><p>Dec 2-3 Thrust mtg. Seattle</p><p>Reimburse Travel expenses</p></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>   | <p>14.b. Amount of payment. <input type="text" value="892.11"/></p>  |